

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 170-679)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st ALLOCATION		AFTER 2nd ALLOCATION	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL	NO.	DEF.	NO.	DEF.	NO.	DEF.
TOTAL	NO.	DEF.	NO.	DEF.	NO.	DEF.
TOTAL	NO.	DEF.	NO.	DEF.	NO.	DEF.

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL	NO.	DEF.	NO.	DEF.	NO.	DEF.
TOTAL	NO.	DEF.	NO.	DEF.	NO.	DEF.
TOTAL	NO.	DEF.	NO.	DEF.	NO.	DEF.